

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S97809** (5)
1. Corporation Name
SABACO, INC.

Principal Place of Business 4815 EXECUTIVE PARK COURT STE 101 JACKSONVILLE FL 32216	Mailing Address 4815 EXECUTIVE PARK COURT STE 101 JACKSONVILLE FL 32216
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/02/1991		4. FEI Number 59-3123221		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Additional Fee Required \$8.75		May Be Added to Fees \$5.00	

9. Name and Address of Current Registered Agent BAHRI, CARLA 4815 EXECUTIVE PARK COURT, SUITE 101 JACKSONVILLE FL 32216				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PST	<input type="checkbox"/> DELETE		1.1 TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAHRI, CARLA			1.2 NAME	CARLA BAHRI		
STREET ADDRESS	3624 BRIDGEWOOD DRIVE			1.3 STREET ADDRESS	3624 BRIDGEWOOD DR.		
CITY-ST-ZIP	JACKSONVILLE FL 32277			1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32277		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				2.2 NAME	ANDRE BAHRI		
STREET ADDRESS				2.3 STREET ADDRESS	3624 BRIDGEWOOD DR		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32277		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carla Bahri Pres. 3/17/98 904-744-4472

CFR2034 (1097)